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CIPP Presentation to the Ottawa Board of Health, June 17, 2019

Appearing on behalf of CIPP: Jamie Dunn, Executive Director CIPP

Good Afternoon Chairperson Egli, Members of the Ottawa Board of Health, and Dr. Etches:

My name is Jamie Dunn and I am the Executive Director of the Civic Institute of Professional Personnel, which is the union for over 400 professionals at Ottawa Public Health. I am here to speak to you about the provincial government's proposed restructuring and funding of public health in Ontario and the danger it poses.

The Province's proposal is not "Modernization". It is a cost cutting exercise and it endangers the delivery of current programs and the implementation of new programs that Ottawa needs. Regional planning and service arrangements can achieve everything that the proposed mergers seek to accomplish but will avoid the chaos and service interruptions that mergers will necessarily create.

Separating Ottawa Public Health from the City of Ottawa and merging it with other public health units won't save money. We already know that approximately \$8 million dollars in in-kind services currently provided by the City of Ottawa will be lost and will have to be funded from a new public health agency's budget.

I also want to confront the notion of "front-line" verses "back of office" work. First because "front-line" is a military term and we are not at war with the people we serve, and secondly because it is just another way to devalue important work. Try to think of delivering public health services without research, programing, evaluation, leadership, and administrative support. Cutting positions threatens programs and services. Its that simple.

Speaking from a labour relations perspective, the uncertainty surrounding this proposal threatens staff retention. Staff are worried about which union and which terms and conditions of work will prevail in a merged public health agency. In addition, there will be the disruptions of a representation vote and the negotiation of a new collective agreement. Merged pay between rural and urban staff will mean either cost increases if rural staff come up to urban pay rates, or retention problems if urban pay rates go down to rural levels. Finally, our 65-year history of representing employees at the City of Ottawa means we have the relationships to solve problem without resorting to expensive litigation. Very simply put, disrupting these relationships means increased costs.

This is why, especially in the Ottawa context, the proposed mergers will cost more, hurt efficiency, and disrupt services.

The best way to build healthy communities and control health care costs is by investing in public health programs. A study from the United Kingdom released this month by the Institute for Public Policy Research links public health cuts to 130,000 preventable deaths in that country since 2012. In our position paper we point out that every public health dollar spent is equal to \$14 dollars in acute care costs. To put that into perspective, the proposed reduction of \$200 million to public health in Ontario is potentially \$2.8 billion in new acute care costs. That doesn't sound like modernization.

What we should be talking about is where we need to spend new money to address serious issues in our community. Here are three examples:

Immunization: Recent measles outbreaks show us the extent to which basic protection from preventable disease is threatened worldwide. To protect our communities, public health agencies must aggressively take on the misinformation of the anti-vaccination movement.

Climate change: New infectious diseases and increases in infection rates, extreme weather events like floods and tornadoes, extreme temperatures, and poorer air quality are some of the known impacts on public health resulting from climate change to which public health units will need to respond.

Community Violence and violence against women: In recent years residents of Ottawa have become more concerned about violent crime in our communities and violence against women is an epidemic across Canada that is repeated generation after generation. We know that public health can play an effective role in addressing both community violence and violence against women.

In Glasgow, Scotland programs involving public health, the police, and social services transformed a City once known as the murder capital of Europe. A study in the June 2019 issue of the Canadian Journal of Ophthalmology showed that in 80% of emergency department admissions for eye injuries resulting from intimate partner violence, the victim lost their eye. Think about the suffering, health care costs, and social cost of that violence. Community and school-based programs addressing violence in relationships are among the most effective methods of ending the cycle of intimate partner violence.

These are just a few examples of important areas where the province should be investing in public health, not retreating. Regional planning and service sharing can be accomplished without the cost and disruption of large-scale restructuring and mergers, particularly in the case of Ottawa Public Health. For the sake of our community we hope you will join us in insisting that Ottawa Public Health be left out of this restructuring and that the province increase investment in public health.

Thank you for your time and attention and I would be happy to answer any of your questions.